## PART B - FEE(S) TRANSMITTAL

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45733 7590 01/23/2007				have its own certificate of mailing or transmission.		
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						(Signature)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/937,150 03/26/2002			Terrence R. Burke Jr.		401371	6328
TITLE OF INVENTION: PHENYLALANINE DERIVATIVES						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	\$1400	04/23/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
LUKTON, DAVID		1654	514-012000			
1. Change of correspondence address or indication of "Fee Address" (CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custor Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  PLEASE SEE ATTACHED SHEET  Please check the appropriate assignee category or categories (will not be printed on the patent):						
Advance Order - #	o small entity discount p	permitted) X	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  XXX The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 12-1216 (enclose an extra copy of this form).			
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
••						FR 1.27(g)(2). he assignee or other party in
interest as shown by the re	ecords of the United Sta	tes Patent and Trademark	Office.		- action by or agent, or t	de assignee of other party in
Authorized Signature Xauthai						
Typed or printed nameXavier Pillai			Registration No. 39,799			
an application. Confident submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231	ality is governed by 35 application form to the ons for reducing this buingina 22313-1450. DC 13-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR	1.14. This collection is es y depending upon the indi- e Chief Information Offic COMPLETED FORMS T	timated to take 12 m vidual case. Any con er, U.S. Patent and T O THIS ADDRESS.	e public which is to file (an inutes to complete, including the including the public trademark Office, U.S. Dep SEND TO: Commissioner splays a valid OMB control	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,

In re Appln. of Burke, Jr. et al. U.S. Patent Appln. No. 09/937,150

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT

## (A) NAME OF ASSIGNEE:

## (B) RESIDENCE:

1. Government of the United States of America, Represented by the Secretary, Department of Health and Human Services Rockville, Maryland

and

2. Georgetown University

Washington, D.C. 20007